

XI. THE CHALLENGE OF RHEUMATIC FEVER

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It is a great pleasure to participate in this conference, and to realize that rheumatic fever and other crippling diseases are now considered acceptable and worthy of support by the American public as an area in which something can be accomplished. I have wondered why, in the last few years, rheumatic fever seems to have reached a stage of respectability. This acceptance must be because we now have information it is known can be helpful in this problem.

It reminds me of a funeral oration reported from Mississippi. It was a very hot, midsummer day. The plain pine coffin was up at the front of the church. There was almost no one in the all-pine pews. The dignified minister raised his hand and said, "The man whose funeral sermon I am about to preach seems to have been born in Kentucky from what I can gather. He grew up there and soon got in trouble, then he came down into Georgia. He wasn't in Georgia very long when he got in a shootin' scrape and he went over into Alabama and got in trouble there. He finally got down here in Mississippi, which is about as low as he could get. Since coming to Mississippi he met, married and murdered his wife, for which he was hanged this morning. I don't know that there is anything else to say, but I might add that he came to it 'gradual'." And this is true of the way we have approached our acceptance of a much broader responsibility for the sufferer with rheumatic fever or rheumatic heart disease.

The disease has always been recognized by physicians and scientifically interested individuals as a medical problem of the first order, but the first real interest in a broad way came from the Children's Bureau, when it developed the first programs of care and service. The Children's Bureau, as you know, was originally in the government's Department of Labor. Recently, it has been moved into the Department of Health, Education and Welfare. Beginning in the thirties, the Bureau within a few years developed 26 state programs for rheumatic fever. This was quite a surprising thing for a public agency to do, because the general development of health patterns in our